

**Adult Consumer Assessment of Care in New York State  
2012 Statewide Final Report**

**New York State Office of Mental Health  
Office of Performance Measurement and Evaluation**



# **Adult Consumer Assessment of Care in New York State**

## **2012 Statewide Final Report**

### **Executive Summary**

In May 2012 the New York State Office of Mental Health (OMH) conducted its annual assessment of consumer perception of mental health services in state operated outpatient programs. Information gathered from this initiative is used by OMH in service planning and quality improvement.

This report is a supplement to information available publically at the individual program level (<http://bi.omh.ny.gov/cacs/index>). It includes a summary of overall findings for New York State, analyses examining the relationships between demographic and background information and consumers' perceptions of services received and quality of life.

#### **About the Consumer Assessment of Care Survey**

The 2012 Consumer Assessment of Care Survey (CACS) was completed by 5,172 individuals, an increase of about 5% from 2011. The CACS is a 42-item questionnaire comprised largely of the nationally validated Adult Consumer Survey developed by the Mental Health Statistics Improvement Program (MHSIP). These items are combined to make up five domains:

- Overall quality of services
- Access to services
- Appropriateness of services and quality of service delivery
- Outcomes; and
- Quality of life.

In addition, the CACS includes 17 lifestyle and demographic questions and one open-ended question encouraging respondents to write comments about their services in their own words.

#### **Summary of Findings**

Findings from the 2012 survey showed that consumers' assessment of care was positive in many areas. At the survey domain level ratings were largely positive however individual item responses within the domains were more variable. Variability was also noted by respondent characteristics such as sex, race, physical health, tobacco use and involvement

with self-help groups. A qualitative analysis of consumer comments provided more insights into the positive and negative aspects of consumers' experiences with services.

- Respondents rated the Overall Quality of Services (89%), Access to Services (89%) and Appropriateness of Services (87%) domains positively but items related to information regarding the side effects of medication (82%) and participation in treatment goal decisions (79%) were rated less positively.
- Respondents reported high levels of positive ratings for staff belief in consumers' potential to grow, change and recover (91%) and staff encouragement for consumers' taking responsibility for living their life (90%).
- Consumers rated the Outcomes (80%) domain less positively. In particular, outcomes of services in the areas of school/work (71%), housing (73%), and community involvement (76%) were rated lower than others.
- Of all the CACS domains, consumers rated Quality of Life least positively (71%). Among quality of life areas, physical health (58%) and financial resources (60%) were rated lowest.
- Consumers who report that they were in poor health more than 15 days in the prior 30 days reported significantly lower ratings of their perceptions of outcomes and quality of life than did consumers who reported fewer days of poor health.
- Consumers who report not having had a comprehensive physical examination in the prior year report significantly lower positive assessment in the domains of outcomes and quality of life.
- Consumer comments were overwhelmingly positive in the theme areas of "progress toward recovery", "adequacy/continuity of program services" and "supportiveness/respectfulness of staff to clients".
- However, a substantial number of consumer comments in the areas of "need for additional services", "adequacy of program physical facilities", "transportation issues and program location", "control of mental health symptoms", "personal income management issues", and "smoking cessation" were critical.

## **Conclusion**

The 2012 CACS provides the New York State mental health system and its component programs with useful data on consumer perceptions of care. While findings from the CACS include strong positive ratings, there is clear variability of response. Lower ratings can highlight areas where improvement efforts might be directed. More specifically, lower levels of positive response on 'outcomes of services' and 'quality of life' domains and on various individual items are indicators of potential quality improvement areas. In addition, a substantial number of critical comments related to OMH priority areas (e.g., employment, physical health) support the need for continued attention to issues important to consumers.

## **Consumer Assessment of Care Survey (CACS)**

### **2012 Statewide Report**

#### **Introduction**

In May 2012 the New York State Office of Mental Health (OMH) conducted its annual assessment of consumer perceptions of mental health services in state operated outpatient programs. Information gathered from this initiative is fed back to state operated programs for their use in service planning and quality improvement.

As New York State's mental health system continues moving toward a recovery-oriented system, OMH places great value on consumer participation in mental health services received. The annual consumer assessment of care survey provides an important vehicle for meeting this goal.

Maximizing access to appropriate and effective mental health services is central to promoting recovery for individuals with mental illness. Better information about consumer outcomes and what treatments work for whom, and under what circumstances, is essential to improving the quality of mental health care and the quality of life for persons who experience mental illness. OMH recognizes that consumer assessment of mental health care is a critical component of this information, since the real progress in mental health recovery occurs because of the efforts of individual consumers.

This report is a supplement to information made available to individual programs on OMH's website (<http://bi.omh.ny.gov/cacs/index>). It includes a summary of overall findings for New York State and analyses that examine the relationship between demographic and background information and consumers' perceptions of services received and quality of life.

## **The Consumer Assessment of Care Survey Methods**

### **The Consumer Assessment of Care Survey**

The 2012 Consumer Assessment of Care Survey (CACS) is a 42-item questionnaire comprised largely of the nationally validated Adult Consumer Survey developed by the Mental Health Statistics Improvement Program (MHSIP). 36 items are directly taken from the MHSIP instrument. These items can be summarized by four general domains:

- Overall quality of services
- Access to services
- Appropriateness of services and quality of service delivery
- Outcomes

A fifth Quality of Life domain includes 6 items which ask the consumer to rate aspects of their life. The 42 quantitative questions use a six-point response set (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, and Not Applicable).

The CACS also contains 17 demographic/background questions and 1 open ended question that elicits comment on areas not covered by the questionnaire. A copy of the 2012 CACS instrument can be found in Appendix 1.

### **Administration of the 2012 CACS**

In 2012, OMH used the CACS to obtain assessments from 5,172 adult consumers who participated in 118 non-residential community mental health service programs operated by New York's 16 adult state psychiatric centers. Participating programs were located in all regions of New York and were of various sizes. Participating program types included Assertive Community Treatment, Clinic Treatment, Continuing Day Treatment, Intensive Case Management, Intensive Psychiatric Rehabilitation Treatment, Psychosocial Clubs, and Sheltered Workshops/Satellite Sheltered Workshops. Survey respondents were from 34 different counties and from both upstate and downstate regions of New York State and included a diverse range of demographic groups.

The CACS is administered anonymously in paper and Web-based versions. The paper version was offered in English, Spanish, Korean, Russian and Chinese with sealable envelopes available to ensure confidentiality. The Web-based version is located on a secure OMH Intranet site developed and overseen by the South Beach State Psychiatric Center and was available in English only.

The 2012 CACS was collected during the May 2012. Programs were asked to select a one week period during the month and offer the CACS to all consumers served in that week. Overall, the number of respondents represents about 1/3 of the weekly census of participating programs.

Facilities differed in how the survey was administered. Variation occurred regarding who distributed surveys to consumers, who assisted consumers in completing surveys when needed and who collected completed surveys. Peers and staff in all five OMH regions received training on both paper and Web-based survey administration from the OMH Offices of Consumer Affairs and Performance Measurement and Evaluation.

To address concerns about potential bias associated with staff involvement in CACS administration, OMH collected information on the use of staff and peers in administration of the CACS. An analysis of these data showed that regardless of who administers the CACS, although the magnitude of response is different for some domains, the pattern of response is similar. See Appendix 2 for a summary of findings on staff vs. peer involvement in CACS administration.

### **Survey Findings:**

Findings described in this report use *percent positive* as the metric for comparing results on items and domains. For individual items *percent positive* is the percentage of respondents reporting “Agree” or “Strongly Agree” for that item. For domains, percent positive is the average of each item level percent positive score for the items that comprise that domain.

Analyses of the relationship between background information and lifestyle items (e.g. age, race, sex, tobacco use, physical health) and domain scores found in the *Background Information/Demographics and Positive Domain Ratings* section were conducted using chi-square tests. Test results were evaluated at  $p < .01$  significance level and only statistically significant relationships between domain scores and demographic variables are presented.

## **Respondent Characteristics**

### ***Demographics***

A total of 5,172 individuals completed the CACS in 2012. Tables 1 and 2 display a summary of demographic and background information regarding respondents. Table 1 shows a comparison of the CACS respondents and the full population of individuals receiving services in State operated outpatient services for selected characteristics. The comparison shows that the CACS 2012 sample is very similar to the entire service population when compared on region, gender, age and race/Hispanic ethnicity. Regarding region consumers from New York City were somewhat underrepresented in the CACS sample.

Just over half of those who completed surveys were male (55%). About half of respondents (50%) were between 45 and 64 years of age, while about 1/3 (35%) were between 25 and 44. Five percent of respondents were between 18 and 24 and 10% were 65 years of age or older. Regarding race and Hispanic origin, 52% of the individuals reported that they are white, 22% are black, 17% Hispanic and 9% other races (including multiracial, Asian, American Indian). The majority of consumers (84%) completing the survey identified English as their primary language; 7% identified Spanish. The most frequent languages listed for the remaining respondents were American Sign Language, Chinese, Russian, Creole, Korean and French.

### ***Self-help or Peer Support Group Involvement***

Regarding involvement in a self-help or peer support group in the past 12 months, 53% responded that they had, 46% responded that they had not, and 1% reported that they did not know what a self-help or peer support group is.

### ***Physical Health***

The 2012 CACS included 2 questions which focused on the physical health of responding consumers. In response to an item asking whether the respondent had received a comprehensive physical health exam in the past 12 months, 86% responded that they had such an exam.

Respondents were also asked how many days during the past three months was their physical health not good. Three percent said their physical health was not good for sometime between

16 and 30 days and 43% reported their physical health as not good for sometime between 1 and 15 days. Fifty-three percent said their physical health was good for the entire month.

### ***Smoking Cessation***

The 2012 CACS included four questions related to OMH's Tobacco Cessation Treatment Assessment initiative. Respondents were asked about the last time they smoked tobacco. Forty three percent reported that they last smoked today while 26% said sometime in the past and 31% responded never. Respondents were also asked what kind of tobacco products they currently use. Forty seven percent said they use cigarettes. Only 5% reported they used pipe or cigar, 1% used smokeless tobacco and 1% used chewed tobacco or dipped snuff.

Two questions were included to better understand whether staff were asking consumers if they smoke and, if they did, were they interested in help to stop smoking. More than two thirds (69%) of respondents said that staff did ask them if they used tobacco products while 56% reported that they were asked if they wanted help to stop smoking or using tobacco products.

**Table 1**  
**CACs 2012**  
**Background and Demographic Information**  
**CACS Sample Compared to State Outpatient Services Population\***

		<b>CACS Sample</b>	<b>State Operated Outpatient Population</b>
<b>Region</b>			
	Central NY	18%	18%
	Hudson River	20%	20%
	Long Island	9%	9%
	New York City	41%	43%
	Western NY	12%	11%
<b>Gender</b>	Female	45%	44%
<b>Age</b>			
	18-24	5%	5%
	25-44	35%	34%
	45-64	50%	53%
	65+	10%	9%
<b>Race/Hispanic Ethnicity</b>			
	White, Not Hispanic	52%	55%
	Black, Not Hispanic	22%	22%
	Hispanic	17%	15%
	Other Races	9%	8%

\* from the 2009 Survey of Patient Characteristics.

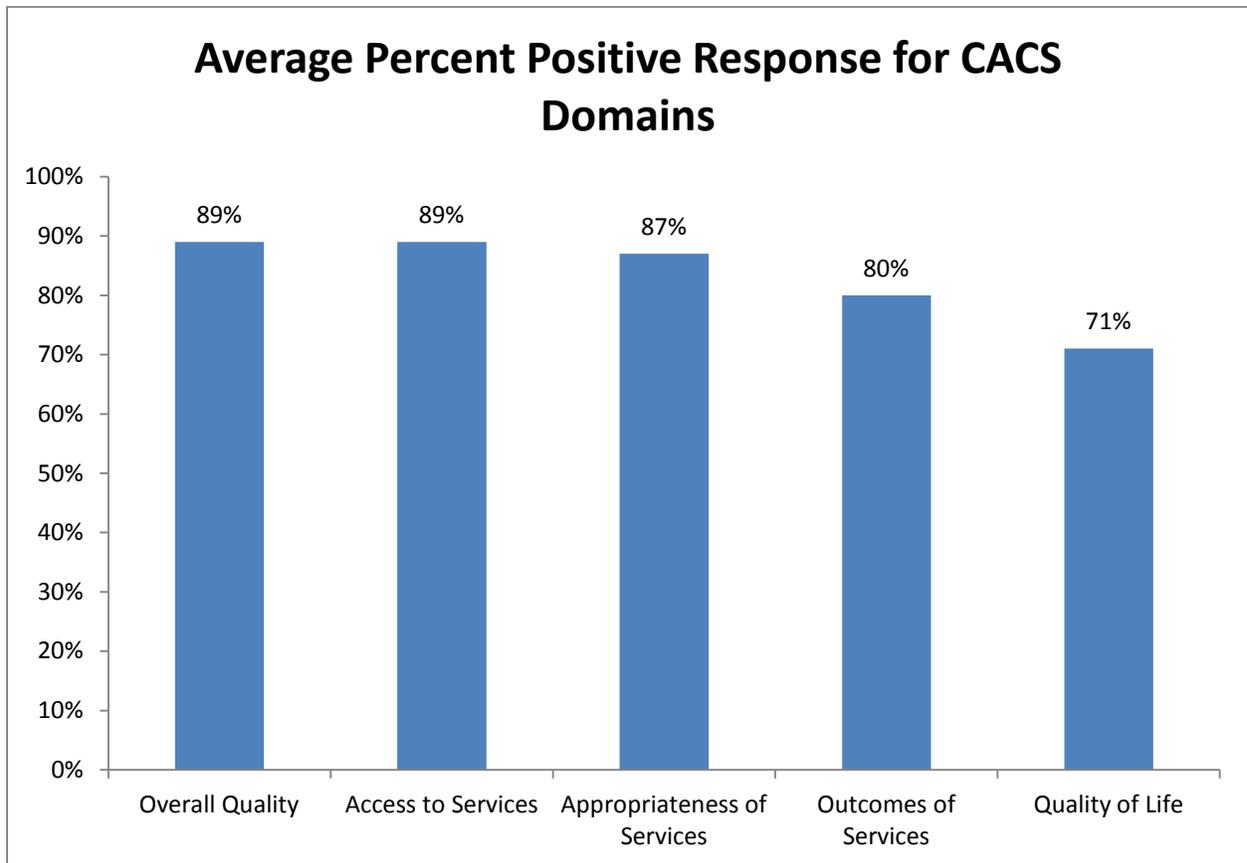
**Table 2**  
**CACS 2012**  
**Background and Demographic Information (Continued)**

		<b>Pct. Of Respondents</b>
Primary Language		
	English	84%
	Spanish	7%
	Other	9%
Self Help/Peer Support within Past Year?		
	Yes	50%
	No	44%
	Didn't know what a self help is.	6%
Comprehensive Physical Health Examination in the Past Year?	Yes	87%
Days Health Not Good		
	0 Days	53%
	1-15 Days	43%
	16-30 Days	3%
Last time smoked		
	Today	43%
	Sometime in the past	26%
	Never	31%
Tobacco products used currently	Cigarettes	47%
	Pipe or Cigar	5%
	Smokeless Tobacco	1%
	Chewed Tobacco/Dipped Snuff	1%
Asked by staff if smoke	Yes	69%
Asked by staff if want help to stop smoking	Yes	56%

### Statewide Domain Results

The overall statewide results of the 2012 CACS administration reflect very positive consumer assessments. Regarding their assessment of services, consumers tended to be most positive about issues related to overall quality of services, access to services and appropriateness of services and less positive about outcomes from the services they receive. Consumers were also less positive about issues related to quality of life. Figure 1 shows the average percent positive reported for all items in each of the five CACS domains. The average percent positive for each domain is the average of the 'agree' or 'strongly agree' responses for each of the items that comprise each domain. Table 3 shows the percent of consumers who responded positively ('agree' or 'strongly agree') to each item and the average of items for the five domains.

Figure 1



**Table 3**  
**All CACS Items by Domain**

Item/Domain	Percent Positive Response*
<b>Overall Quality Domain</b>	
<i>I like the services that I received here</i>	92%
<i>If I had other choices, I would still get services from this agency</i>	88%
<i>I would recommend this agency to a friend or a family member</i>	88%
<b>Average of Positive Response to Items in Overall Quality Domain</b>	<b>89%</b>
<b>Access to Services Domain</b>	
<i>The location of services was convenient (parking, public transportation distance, etc.)</i>	89%
<i>Staff were willing to see me as often as I felt it was necessary</i>	91%
<i>Staff returned my call in 24 hours</i>	86%
<i>Services were available at times that were good for me</i>	92%
<i>I was able to get all the services I thought I needed</i>	89%
<i>I was able to see a psychiatrist when I wanted to</i>	86%
<b>Average of Positive Response to Items in Access to Services Domain</b>	<b>89%</b>
<b>Appropriateness of Services Domain</b>	
<i>Staff here believe that I can grow, change and recover</i>	91%
<i>I felt comfortable asking questions about my treatment and medication</i>	90%
<i>I felt free to complain</i>	84%
<i>I was given information about my rights</i>	88%
<i>Staff encouraged me to take responsibility for how I live my life</i>	90%
<i>Staff told me what side effects to watch out for</i>	82%
<i>Staff respected my wishes about who is and who is not to be given information about my treatment</i>	90%
<i>I, not staff, decided my treatment goals</i>	79%
<i>Staff were sensitive to my cultural background (race, religion, language, etc.)</i>	87%
<i>Staff helped me obtain the information I needed so that I could take charge of managing my illness</i>	88%
<i>I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc)</i>	84%
<b>Average of Positive Response to Items in Appropriateness of Services Domain</b>	<b>87%</b>

<b>Table 3 (continued)</b>	
<b>All CACS Items by Domain</b>	
<b>Item/Domain</b>	<b>Percent Positive Response*</b>
<b><i>Outcomes of Services Domain</i></b>	
I deal more effectively with daily problems	85%
I am better able to control my life	85%
I am better able to deal with crises	81%
I am getting along better with my family	77%
I do better in social situations	78%
I do better in school and/or work	71%
My housing situation has improved	73%
My symptoms are not bothering me as much	77%
I do things that are more meaningful to me	82%
I am better able to take care of my needs	84%
I am better able to handle things when they go wrong	80%
I am better able to do things that I want to do	81%
I am happy with the friendships I have	82%
I have people with whom I can do enjoyable things	81%
I feel I belong in my community	76%
In a crisis, I would have the support I need from family or friends	82%
<b>Average of Positive Response to Items in Outcomes of Services Domain</b>	<b>80%</b>
<b><i>Quality of Life Domain</i></b>	
I generally have enough money to buy what I need	60%
I have access to transportation to get around	82%
I am generally able to have fun and relax	74%
My physical health is excellent	58%
My self-respect (how I feel about myself) is positive	76%
Overall, things in my life are going well	74%
<b>Average of Positive Response to Items in Quality of Life Domain</b>	<b>71%</b>

\*percent of individuals whose response was 'agree' or 'strongly agree'.

### ***Overall Quality of Services, Access to Services and Appropriateness of Services***

Figure 1 shows that for the domains of Overall Quality of Services, Access to Services and Appropriateness of Services the average positive response for items was 85% or higher. Items from these domains that were rated most positively were the following:

- I like the services that I received here (92%)
- Services were available at times that were good for me (92%)
- Staff were willing to see me as often as I felt it was necessary (91%)
- Staff here believe that I can grow, change and recover (91%)
- I felt comfortable asking questions about my treatment and medication (90%)
- Staff encouraged me to take responsibility for how I live my life (90%)
- Staff respected my wishes about who is and who is not to be given information about my treatment (90%)

On the other hand, some items in these domains were less positively evaluated. The following items were rated positively by fewer than 84% of respondents:

- I, not staff, decided my treatment goals (79%)
- Staff told me what side effects to watch out for (82%)
- I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc) (84%)
- I feel free to complain (84%)

### ***Outcomes of Services***

Overall, the average percent positive response for items comprising the Outcomes of Services domain was 80%, somewhat lower than what was seen for the domains described above. The three most positively rated items were:

- I deal more effectively with daily problems (85%)
- I am better able to control my life (85%)
- I am better able to take care of my needs (84%)

Less positively assessed outcomes were:

- I do better in school and/or work (71%)
- My housing situation has improved (73%)
- I feel I belong in my community (76%)

### ***Quality of Life***

In general, quality of life items were rated lower than items that evaluate mental health services with health and financial concerns the areas of lowest satisfaction. 58% of respondents agreed or strongly agreed that their physical health was excellent. 60% agreed or strongly agreed that they have enough money to buy what they need.

## Background Information/Demographics and Positive Domain Ratings

To provide some deeper insight into the assessments of service quality captured by the CACS, analyses of the relationship between background information collected and CACS domain ratings were conducted using chi-square tests. Test results were evaluated at  $p < .01$  significance level. Only statistically significant relationships are presented below. Percent positive response is defined as the percent of individuals who responded that they agreed or strongly agreed with the statements on the CACS.

### Gender

Positive response rates differ by gender significantly in Overall Quality, Access and Quality of Life. Female respondents rated the overall quality and access more positively than men, but quality of life less than men.

Table 4			
Gender	Percent Positive		
	Overall Quality ( $\chi^2=12.7$ , $p<.001$ )	Access ( $\chi^2=9.1$ , $p=.003$ )	Quality of life ( $\chi^2=22.5$ , $p<.001$ )
Male (2692)	88.2%	88.2%	73.5%
Female (2199)	91.3%	90.9%	67.3%
Statewide average 99% CI for average	89.4%(5172) (88.3-90.5)	89.2(5172) (88.0-90.2)	70.8%(5172) (69.2-72.4)

### ***Ethnicity/Race***

Ethnicity/Race is significantly related to the positive response rates in Overall Quality, Access, Outcomes and Quality of Life. Black Non-Hispanic respondents had highest level of positive response in Quality of Life. Hispanic respondents showed more positive response rates in Access, Overall Quality and Outcomes. Overall, respondents from Other Races such as American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, and Asian were less likely to respond positively across the four domains.

<b>Table 5</b>				
<b>Ethnicity/Race</b>	<b>Percent Positive</b>			
	<b>Overall Quality (<math>\chi^2=20.3</math>, <math>p&lt;.001</math>)</b>	<b>Access (<math>\chi^2=11.9</math>, <math>p=.008</math>)</b>	<b>Outcomes (<math>\chi^2=16.7</math>, <math>p&lt;.001</math>)</b>	<b>Quality of life (<math>\chi^2=20.8</math>, <math>p&lt;.001</math>)</b>
White Non-Hispanic (2590)	90.6%	90.0%	77.7%	68.2%
Black Non-Hispanic (1106)	87.5%	88.4%	81.8%	75.3%
Hispanic (824)	91.8%	90.9%	83.4%	72.6%
Other Races (448)	85.5%	85.3%	78.8%	71.2%
Statewide average(5172)	89.4%	89.2%	79.6%	70.8%
99% CI for average	(88.3-90.5)	(88.0-90.2)	(78.1-81.0)	(69.2-72.4)

## Language

Respondents whose primary language is Spanish responded more positively on Overall Quality and Outcomes.

Table 6		
Language	Percent Positive	
	Overall Quality ( $\chi^2=10.7$ , $p=.005$ )	Outcomes ( $\chi^2=13.9$ , $p=.001$ )
English (4316)	89.4%	78.8%
Spanish (371)	93.0%	85.2%
Other (480)	86.0%	83.8%
Statewide average(5172) 99% CI for average	89.4% (88.3-90.5)	79.6% (78.1-81.0)

## Service Utilization Patterns - Length of Care

Length of service utilization reported by respondents was significantly related to Outcomes and Quality of life. Individuals who have received services for more than one year reported higher levels of positive response than individuals who received services for less than one year.

Table 7		
How long received services?	Percent Positive	
	Outcomes ( $\chi^2=20.9$ , $p<.001$ )	Quality of life ( $\chi^2=17.0$ , $p<.001$ )
Less than 1 year (909)	74.2%	65.1%
1 year or more (4026)	80.9%	72.0%
Statewide average(5172) 99% CI for average	79.6% (78.1-81.0)	70.8% (69.2-72.4)

**Service Utilization Patterns - Frequency of Service Receipt**

Frequency of receiving services was significantly related to positive response on Overall Quality, Outcomes and Quality of Life. In particular, individuals who had the highest frequency (2-5 days/week) and the lowest frequency (less than 1 time/month) of services reported higher levels of positive response than the other groups on Outcomes and Quality of life, but lower on Overall Quality.

<b>Table 8</b>			
<b>How often do you receive services?</b>	<b>Percent Positive</b>		
	<b>Overall Quality</b> ( $\chi^2=15.7, p=.001$ )	<b>Outcomes</b> ( $\chi^2=12.6, p=.006$ )	<b>Quality of life</b> ( $\chi^2=24.2, p<.001$ )
2-5 days/week (1903)	87.6%	82.0%	74.2%
1 time/week (1523)	91.2%	77.9%	67.8%
1-2 times/month (1305)	91.0%	78.2%	68.7%
less than 1 time/month (204)	88.2%	83.3%	77.5%
Statewide average(5172)	89.4%	79.6%	70.8%
99% CI for average	(88.3-90.5)	(78.1-81.0)	(69.2-72.4)

**Physical Health**

The number of days that respondents reported poor health during the last three months is significantly related to the percent responding positively in Outcomes and Quality of Life. The largest difference was seen on Quality of Life. Individuals who reported no days of poor health during the last three months showed substantially higher rates of positive response than others who reported at least one day of poor health.

<b>Table 9</b>		
<b>Number of poor health days</b>	<b>Percent Positive</b>	
	<b>Outcomes (<math>\chi^2=23.8,</math> <math>p&lt;.001</math>)</b>	<b>Quality of life (<math>\chi^2=83.2,</math> <math>p&lt;.001</math>)</b>
0 days (1864)	83.4%	78.4%
1-15 days (1519)	77.5%	66.4%
16-30 days (116)	72.4%	52.6%
Statewide average(5172)	79.6%	70.8%
99% CI for average	(78.1-81.0)	(69.2-72.4)

Whether individuals have had a comprehensive physical examination in the past 12 months was a significant factor related to percent positive response in Outcomes and Quality of Life. Respondents who reported not having a physical exam in the last 12 months reported lower levels of positive response.

<b>Table 10</b>		
<b>Physical exam?</b>	<b>Percent Positive</b>	
	<b>Outcomes (<math>\chi^2=18.6,</math> <math>p&lt;.001</math>)</b>	<b>Quality of life (<math>\chi^2=7.89,</math> <math>p=.005</math>)</b>
Yes (4218)	80.7%	71.6%
No (680)	73.5%	66.3%
Statewide average(5172)	79.6%	70.8%
99% CI for average	(78.1-81.0)	(69.2-72.4)

**Tobacco Usage**

The 2012 CACS Background Information Section included four questions related to OMH’s Tobacco Cessation Treatment Assessment initiative. This section explores the relationship of response to those items and positive response to the CACS domains.

Consumers that were asked by staff whether they smoke tobacco or use tobacco products responded more positively in Overall Quality, Access and Appropriateness.

<b>Table 11</b>			
<b>Asked if you smoke tobacco or use tobacco products?</b>	<b>Percent Positive</b>		
	<b>Overall Quality</b> ( $\chi^2=17.2$ , $p<.001$ )	<b>Access</b> ( $\chi^2=12.5$ , $p<.001$ )	<b>Appropriateness</b> ( $\chi^2=36.1$ $p<.001$ )
Yes (3374)	90.7%	90.4%	88.8%
No (1484)	86.7%	87.0%	82.5%
Statewide average(5172)	89.4%	89.2	86.7
99% CI for average	(88.3-90.5)	(88.0-90.2)	(85.4-87.9)

Consumers that were asked by staff if they wanted help stopping smoking or using tobacco products responded more positively in Appropriateness.

<b>Table 12</b>	
<b>Asked if help wanted stopping smoking or using tobacco products?</b>	<b>Percent Positive</b>
	<b>Appropriateness</b> ( $\chi^2=19.6$ $p<.001$ )
Yes (2528)	88.9%
No (1989)	84.4%
Statewide average(5172)	86.7
99% CI for average	(85.4-87.9)

## Consumer Comments

The 2012 Consumer Assessment of Care Survey (CACS) included one open-ended question asking respondents to expand upon topics covered in the survey, or comment on any other concerns pertaining to assessing the quality of their services. Seventeen per cent (17%) of completed surveys contained written comments. The comments were coded into themes which were categorized into the five domains of the quantitative survey questions:

1. Overall quality/satisfaction with services
2. Access to services
3. Appropriateness/quality of service delivery
4. Outcomes of services
5. Quality of life of the respondent

Of the total comments received, 69% were positive about the quality of the State-operated outpatient mental health services they received and 31% were negative. Table 13 displays the frequency distribution of the 1,154 comments by the five domains. Some comments related to more than one domain so the percentages add to more than 100%. Comments most frequently related to the primary domains appropriateness/quality of service (59.7%) and the outcomes of services (33.4%).

<b>Domain</b>	<b>Percentage of Comments</b>
Appropriateness/Quality of service delivery	59.7%
Outcomes of services	33.4%
Quality of life of respondents	20.4%
Access to services	12.9%
Overall quality/ Satisfaction with services	7.4%

Table 14 displays the 17 coded themes that were identified by the analysis of the comments, the number of comments coded into each category, how these themes were matched to the five domains of the quantitative survey, and the percentage of comments that were positive.

**Table 14. CACS Domains by Coded Themes**

Primary Domain	Secondary Domain	% Comments Positive by Domain <i>Total # Positive Comments</i>	Coded Themes	Total Theme Comments	% Comments Positive by Theme
Appropriateness/ Quality of service delivery	Overall quality/ Satisfaction with services	86.9% <i>Total # Positive Comments=298</i>	Supportiveness/respectfulness of staff to clients	343	86.9%
	Quality of life of respondents	35.1% <i>Total # Positive Comments=60</i>	Control of mental health symptoms	50	36.0%
			Gaining employment	32	43.8%
			Accessing /retaining stable housing	25	41.7%
			Physical health issues	21	38.1%
			Problems of daily living/social skills	18	50.0%
			Personal income management issues	17	11.8%
Outcomes of services	Appropriateness/ Quality of service delivery	85.0% <i>Total # Positive Comments =244</i>	Adequacy/continuity of program services	284	85.9%
			Control of psychotropic medication side effects	4	0.0%
Quality of life of respondents	Outcomes of services	93.8% <i>Total # Positive Comments=165</i>	Progress toward recovery	155	97.4%
			Effectiveness of psychotropic medications	21	66.7%
Access to Services	Outcomes of services	18.8% <i>Total # Positive Comments=3</i>	Transportation issues regarding program location	15	20.0%
			Health insurance	1	0.0%
	Appropriateness/ Quality of service delivery	0% <i>Total # of Positive Comments=0</i>	Additional services needed	95	0.0%
Overall quality/ Satisfaction with services		32.8% <i>Total # Positive Comments=21</i>	Survey critiques/issues	38	44.7%
			Adequacy of program physical facilities	26	15.4%

Collectively, the 17 coded themes that emerged from the 1,154 written comments present a wide range of thoughts and concerns among consumer respondents. Some themes occur at notable frequency rates among all comments while others are numerically less prevalent but nonetheless express important and significant feedback. The percentage of positive comments was less than 50% for 12 of the 17 coded themes. In the following discussion, representative comments are described by domain and degree to which comments are positive or negative.

**I. Appropriateness/Quality of service delivery**

The largest number of written comments relate to the domain of *'appropriateness/quality of service delivery'* and the secondary domain *'overall quality/satisfaction with services'* (n=343). These comments which relate to the coded theme *'Supportiveness/respectfulness of staff to clients'* were overwhelmingly (86.9%) positive. Examples appear below.

<b>Overall quality/satisfaction with services</b>		
<b>Coded Theme</b>	<b>Positive Comments</b>	<b>Negative Comments</b>
<b>Supportiveness/ respectfulness of staff to clients</b>	"This facility and staff helped save my life. In general the talk therapy and psychiatric drugs have made my life manageable and worthwhile. I have been able to function as a normal member of society. I have held a steady job and had an important role in raising a family."	"Services here are too structured. Patients need more input in their treatment and who they see. Patients should be allowed to choose their therapist."
	"The psychiatrist listens to me when I communicate that the medication is not working. They are open to change the meds to find what works for me. The personnel in the clinic are very helpful/supportive so that I do not relapse and go back into the hospital."	"I would like the staff to encourage consumers to be more supportive of each other and to discourage judgmental cliques. Little attention or effort is put into making it more 'client friendly' in terms of client/client relationships and fostering a culture where we're encouraged to accept and support each other."
	"Overall I depend on the mental health facility quite heavily and have been receiving services for many, many years. I feel safe and able to discuss many serious issues with my social worker and psychiatrist. I would not be as well mentally today if I didn't have these professional competent people in my life."	

The ‘*appropriateness/quality of service delivery*’ domain also relates to the secondary domain ‘*quality of life of respondents*’. The fourth largest number of written comments (n=172) relate to these two domains. The related coded themes are:

Quality of life of respondents		
Coded Themes	# of Comments	% of Positive Comments
Control of mental health symptoms	50	36.0%
Gaining employment	32	43.8%
Accessing /retaining stable housing	25	41.7%
Physical health issues	21	38.1%
Problems of daily living/social skills	18	50.0%
Management issues regarding personal income	17	11.8%
Smoking cessation	9	11.1%

Overall, only 35% of the quality of life comments related to these themes were positive while approximately 65% were negative (see Table 14). Examples are listed below.

Quality of life of respondents		
Coded Theme	Positive Comments	Negative Comments
Control of mental health symptoms	“I feel that this program helped me to recover from my mental illness after I came back from treatment very quickly. It also helps me when my symptoms from my mental illness start to surface.”	“I still hear voices and see hallucinations of dead people. I can't sleep at night without the medicine.”
		“I am manic depressive currently extremely depressed not living life. I care about very little and it was hard answering questions and giving my opinion.”
Gaining employment	“I receive services at XX Clinic, Vocational Rehab and through a work program at XX Clinic. The services I received at all three places (have) been excellent, but I attribute the extreme improvement in my sense of well being to the sense of self worth I get from working and from the relationships I have developed working.”	“I work at a sheltered workshop and am looking to transition out of it. I feel that the sooner I leave the better. I was involved also in a job evaluation program a couple of years back, involving much testing - the facilitator was very rude and did not understand mental illness.”
		“I think the main element lacking at the agency is work readiness. You should provide consumers with computer and

Quality of life of respondents		
Coded Theme	Positive Comments	Negative Comments
		typing job readiness.”
Accessing /retaining stable housing	“I am grateful that Program X exists - it helped me from being homeless.”	“I am anxious at the moment because I am looking for housing and have health issues and financial problems and I feel I need more support from the clinic than usual.”
Physical health issues	“Dr. X is the only one, who ordered proper blood work, proper urine test to find out I have a severe infection and poor level of red blood cells plus an EKG. ”	“Hope I can improve and walk better.”
Problems of daily living/social skills	“I feel that this support center has helped me out a lot with handling my problems far as my living situation, everyday life, and so forth.”	“Some things in my life seem impossible right now. Mostly, family, income, living situation. No end to it.”
Management issues regarding personal income	“My ICM encourages me. He also helped me budget my money so I can pay off debt.”	“I believe that SSI entitlements should not penalize you for working a part time minimum wage job.”
Smoking cessation	“I love this place!!! I've been here 15 years. I am a participant of a Cessation of smoking groups!!! I have a wonderful counselor!!!”	“I receive treatment 1X a month at the center. I would like to see a stop smoking program here.”

## II. Outcomes of Services

The outcome domain items on the CACS survey are prefaced by a guide with the wording “As a Direct Result of Services I Received:” which is then followed by 12 measureable indicators of the effectiveness of services. The positive comments which fit with the outcomes domain tend to describe how outpatient mental health services were effective in preparing consumers for living successfully in the community.

The second largest number of written comments relate to the domain ‘*outcomes of services*’ and the secondary domain ‘*appropriateness/ quality of service delivery*’ (n=288). Overall, 85% of these comments were positive. The coded theme ‘*adequacy/continuity of program service*’ accounted for 284 of the comments—the second largest number of comments coded to any of the 17 themes. Examples of these comments, 85.9% of which were positive, appear below.

Appropriateness/quality of service delivery		
Coded Theme	Positive Comments	Negative Comments
Adequacy/continuity of program service	“I enjoy the groups, the sense of community and fostering my communication with new people. All these groups/programs are helping build my self-esteem and again helping foster my budding people skills. I'm more than glad to have this resource in my community, keep up the good work!!!”	“Not having access to your Therapist after 5:00 and on the weekends doesn't make sense. People with severe mental conditions are afflicted with these conditions after 5:00 and on the weekends .... I know there is a crisis/hospital hotline, but being in need of hospitalization should not be the criteria...for phone access to your therapist. It is as if we are second-class patients.”
	“I've been coming here for 15 years. I love Program X. When I started coming I couldn't even work, now I am taking steps to get back to work. If I didn't come here I wouldn't be able to work.”	“Appointments always late. Doctor goes on vacation without telling patient. Not available for emergencies other than hotline help.”
	“I think this program is positive—keeps my goals and objectives straight. Doesn't let me forget what my focuses are. I think this will keep me geared to someday have total independence.”	
Psychotropic medication side effects	N/A	“My medication is still too high and my doctor isn't willing to lower them....if he did I wouldn't have to worry about certain side effects and my mind would no longer be any issue—I get sluggish.”
		“I wish doctors would manage meds better and listen to how they are making me feel.”

In addition, a very small number of comments (n=4) focused on the coded theme ‘*control of psychotropic medication side effects*’. All of these responses were negative. Examples are listed above.

### III. Quality of life of respondents

Some aspects of consumers’ quality of life extend beyond the direct impact of mental health services, and are also shaped by the environment in which they live. The third largest number of written comments (n=176) relate to the domain ‘*quality of life of respondents*’ and the secondary domain ‘*outcomes of services*’. For these domains 93.8% of comments were positive. Many regard mental health services as resources that contribute to the consumer’s overall living environment.

These domains relate to two coded themes: ‘*progress toward recovery*’ and ‘*effectiveness of psychotropic medications*’. Comments regarding the theme ‘*progress toward recovery*’ were

97.4% positive, while 66.7% of those regarding ‘*effectiveness of psychotropic medications*’ were positive.

<b>Outcomes of services</b>		
<b>Coded Theme</b>	<b>Positive Comments</b>	<b>Negative Comments</b>
<b>Progress toward recovery</b>	“Thanks to the services I have received here, I have made great progress recovering from major depression and...in managing my attention deficit disorder symptoms. Thanks to my physician and counselor here I am back in school, working in a field that interests me, and better able to manage my symptoms than I ever have been.”	“I feel medical science has not come far enough to help me to recover.”
	“I think I have made the transition from hospitalization to a functioning member of society. There isn't a thing that's not helpful in leading a productive life that isn't stressed at my clinic.”	“I am being controlled and affected by the war and crime.”
	“I feel that this program helped me to recover from my mental illness very quickly after I came back from treatment. It also helps me when my symptoms from my mental illness start to surface.”	
<b>Effectiveness of psychotropic medications</b>	“I was very disappointed when Dr. G. left. He truly has helped me immensely. He got me on the right dosage with my medicine. He will be genuinely missed.”	“Drugs are not for me I don't care what any "professional" has ever written about me. I am not in need of drugs for therapy and if I had a choice that would even be honored I would go without drugs and know that I am fine without them.
	“I was particularly pleased to receive needed medication so I can sleep. Program X has helped me out a great deal.”	“I feel the medication dosage is a bit high for me. It has been a challenge to get the dosage I have noticed work for me.”
	“My medication change has been the best thing to happen to me in my adult life.”	

#### **IV. Access to Services**

Overall, the comments related to the ‘*access to services*’ domain were almost all negative. The smallest number of written comments (n=16) relate to the domain ‘*access to services*’ and the secondary domain ‘*outcomes of services*’. Among these comments only 18.8% (n=3) were positive and most focused on difficulties with transportation to the service location.

The domain ‘*access to services*’ also relates to the secondary domain ‘*appropriateness/quality of service delivery*’. All of the comments (n=95) regarding these domains relate to the theme

*'additional services needed'* and are negative. Additional services needed identified by survey respondents are summarized below. The most frequently identified additional services needed were group, food and translation services. Respondents frequently identified more than one additional service needed.

<b>Access to services : Additional Services Needed</b>	<b>Number of Comments (n=95)</b>
Group services (e.g., groups focused on problem solving, coping skills, or social skills)	24
Lunch / food services	23
Translation services	21
Trips / outings	11
Other <sup>1</sup>	47

## **V. Overall quality/ satisfaction with services**

The smallest number of comments (n=64) was associated with the domain *'overall quality/ satisfaction with services'* and only 32.8% were positive. This domain relates to two coded themes: 1) *'adequacy of program physical facilities'*; and 2) *'survey critique/issues'*. More than three quarters (84.6%) of the comments that focused on *'adequacy of program physical facilities'* was negative. The most common complaints focused on facility physical safety, cleanliness and adequacy of bathrooms, meeting rooms and lounge areas. The few positive comments (15.4%, n=4) focused on an appreciation of the physical existence of the facility, access to computers and the facility's physical comfort level.

With regard to the theme *'survey critique/issues'*, 44.7% of the comments were positive—many expressed thanks for the opportunity to participate in the survey and provide feedback. Negative survey comments (55.3%) focused on two major areas: feedback on the adequacy of the response scale (agree/disagree); and assessments that the survey was too long and hard to understand.

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<sup>1</sup> Less than 10 Comments each: nutrition/wellness groups; computer classes; music activities; housing information; exercise activities; extended hours; and employment information

## VI. Discussion and Implications

OMH's 2012 Consumer Assessment of Care Survey offers a unique perspective on the quality of New York's public mental health system. The information is particularly valuable as it represents the perception of consumers. Although the sample is not an exact representation of all consumers of mental health services in New York, CACS data provide meaningful information that can inform mental health service delivery.

Overall, consumers who responded evaluated the mental health services they received positively. This was clearly the case in the domains of overall quality of service, access to services and appropriateness of services. Particularly encouraging is the high level of agreement regarding staff belief in consumers' can grow, change and recover and staff encouragement for consumers' taking responsibility for living their life. However, within these areas there were items that were evaluated less positively. These included items related to information regarding the side effects of medication and participation in treatment goal decisions. Consumers also rated the domains of outcomes of services and quality of life less positively than other domains.

The examination of relationships between demographic characteristics and domain agreement provide insights into the variability seen among subgroups of recipients. Of particular interest is the disparity of agreement on the outcomes and quality of life domains between consumers who reported that they were in poor health more than 30 days compared to those who reported poor health for less than 30 days. Similar differences on *all* domains are seen between consumers who reported having a comprehensive physical examination and consumers who did not.

The comments provided by respondents add more depth to our understanding of the consumer perspective and it is here where perceptions critical of aspects of service delivery are more explicitly found. The comments tell a story comprised of sometimes contradictory voices. They clearly reveal that there is not a single unified consumer voice regarding the assessment of service quality but rather a multiplicity of viewpoints.

Although the domain analyses showed a largely positive assessment of services, nearly a third of comments were critical. Overwhelmingly positive comments were made in the primary domains of '*appropriateness/quality of service delivery*', '*outcomes of services*', and '*quality of life of respondents*'. Particularly encouraging is the high level of agreement regarding staff

providing consumers with high levels of support and treating them with respect (86.9% positive), the adequacy and continuity of program services received (85.9% positive), and the belief that consumers' can grow, change and recover (97.4% positive). However, while most respondents expressed a positive belief in their ability to recover, comments in quality of life as a secondary domain were 64.9% negative. This secondary domain includes the themes control of mental health symptoms, gaining employment, housing stability, physical health issues, problems of daily living, finance management, and smoking cessation.

In addition, few consumers' comments regarding the primary domains 'access to services' and 'overall quality/satisfaction with services' were positive. Ninety-five respondents made it clear that they need additional services as they work toward recovery. The three primary areas identified where additional services are needed are: group services, lunch / food services, and translation services.

The 2012 CACS provides the New York State mental health system and its component programs with useful data concerning consumer perceptions. While findings from the CACS are clearly positive, important indications of areas of concern can be found when variability in response is examined. Lower levels of positive response on domains and items, negative comments, or identified unmet needs can highlight areas where improvement efforts might be directed.

Appendix 1

**Consumer Assessment of Care Survey 2012**

**Survey Instrument**

# Consumer Assessment of Care Survey 2012

Please use the space below to comment on any of your answers. If there are areas which were not covered by this survey that you feel should have been, please include your comments in this section.

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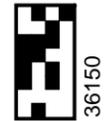
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Affix Label Here

<b>Facility</b>	
<b>Site Name</b>	

Thank you for completing this survey!



36150

We want to provide the best possible mental health services in our program. To do so, we need to know what you think about the services you received during the last 3 months, the people who provided the services, and the results. Please check the back page to make sure our agency and site names are filled-in. On that page, you will also see space to comment on any of your answers.

Please indicate your agreement / disagreement with each of the following statements by shading the circle that best represents your opinion. If the question is about something you have not experienced, shade the circle to indicate that this item is "not applicable" to you.

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊕

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.....	○	○	○	○	○	○
2. If I had other choices, I would still get services from this agency.....	○	○	○	○	○	○
3. I would recommend this agency to a friend or a family member.....	○	○	○	○	○	○
4. The location of services was convenient (parking,public transportation distance,etc.).....	○	○	○	○	○	○
5. Staff were willing to see me as often as I felt it was necessary.....	○	○	○	○	○	○
6. Staff returned my call in 24 hours.....	○	○	○	○	○	○
7. Services were available at times that were good for me.....	○	○	○	○	○	○
8. I was able to get all the services I thought I needed.....	○	○	○	○	○	○
9. I was able to see a psychiatrist when I wanted to.....	○	○	○	○	○	○
10. Staff here believe that I can grow, change and recover.....	○	○	○	○	○	○
11. I felt comfortable asking questions about my treatment and medication.....	○	○	○	○	○	○
12. I felt free to complain.....	○	○	○	○	○	○
13. I was given information about my rights.....	○	○	○	○	○	○
14. Staff encouraged me to take responsibility for how I live my life.....	○	○	○	○	○	○
15. Staff told me what side effects to watch out for.....	○	○	○	○	○	○
16. Staff respected my wishes about who is and who is not to be given information about my treatment.....	○	○	○	○	○	○
17. I, not staff, decided my treatment goals.....	○	○	○	○	○	○
18. Staff were sensitive to my cultural background (race, religion, language, etc.).....	○	○	○	○	○	○
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.....	○	○	○	○	○	○
20. I was encouraged to use consumer-run programs (support groups, drop-in centers,crisis phone line, etc).....	○	○	○	○	○	○

In order to provide the best possible mental health services, we need to know what you think about the services you received during the last 3 months, the people who provided them, and the results. There is space at the end of the survey to comment on any of your answers.

Shade Circles Like This--> ●  
 Not Like This--> ⊗

**As a Direct Result of Services I received :**

	<u>Strongly</u> Agree	Agree	I am Neutral	Disagree	<u>Strongly</u> Disagree	<u>Not</u> Applicable
21. I deal more effectively with daily problems.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to control my life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am better able to deal with crises.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am getting along better with my family.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I do better in social situations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I do better in school and/or work.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My housing situation has improved.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My symptoms are not bothering me as much.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I do things that are more meaningful to me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am better able to take care of my needs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I am better able to handle things when they go wrong.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I am better able to do things that I want to do.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*For questions 33-36 please answer for relationships with persons other than your mental health provider(s)*

33. I am happy with the friendships I have.....	<input type="radio"/>					
34. I have people with whom I can do enjoyable things.....	<input type="radio"/>					
35. I feel I belong in my community.....	<input type="radio"/>					
36. In a crisis, I would have the support I need from family or friends.....	<input type="radio"/>					

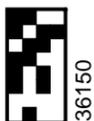
**In the section, we ask you to rate how things are going in different areas of your life. Please read the statement and then fill in the circle that best represents your experiences. How would you rate the following ?**

	<u>Strongly</u> Agree	Agree	I am Neutral	Disagree	<u>Strongly</u> Disagree	<u>Not</u> Applicable
37. I generally have enough money to buy what I need.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I have access to transportation to get around.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I am generally able to have fun and relax.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. My physical health is excellent.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. My self-respect (how I feel about myself) is positive.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Overall, things in my life are going well.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Background Information**

Please provide the following information for statistical purposes. Please do not share your name. This confidential information is very important to help ensure that services meet your needs. Please fill in the blanks or shade in the circles that answers the following.

- Which of the following insurance plans are you covered by? (*shade all circles that apply*)  
 Medicare     Medicaid     HMO     PMHP     Other \_\_\_\_\_     Don't Know
- What county do you live in (e.g. Erie, Suffolk, etc.)? \_\_\_\_\_
- Are you of Hispanic/Latino Origin?     Yes, Hispanic or Latino     Not Hispanic or Latino
- What is your race? (*shade one or more circles to indicate what you consider your race to be*)  
 White (Caucasian)     Black/African American     American Indian /Alaskan Native  
 Native Hawaiian / Pacific Islander     Asian     Other \_\_\_\_\_
- What is your primary language?  
 English     Spanish     Other \_\_\_\_\_
- What is your sex ?     Male     Female
- What is your age ?     18-24     25-34     35-44     45-54     55-64     65-74     75 +
- Have you had a comprehensive physical examination ( at a health clinic or with a family doctor ) in the past 12 months?  
 Yes     No
- How many days during the last month (30 days) was your physical health not good?   (enter number of days in box)
- When was the last time you smoked tobacco or used tobacco products?  
 Today     Sometime in the past week     Sometime in the past month     1-12 months ago  
 1-5 years ago     More than 5 years ago     Never
- Which tobacco products do you currently use? (*shade all circles that apply*)  
 Cigarettes     Pipe or Cigar     Smokeless Tobacco  
 Chewed tobacco or dipped snuff     I do not use any tobacco products
- Did any staff from this program ask you if you smoke tobacco or use tobacco products?  Yes     No
- Were you asked if you wanted help to stop smoking or using tobacco products?..... Yes     No
- In the past 12 months, have you been involved in a self-help or peer support group in any way ?  
 Yes     No     I do not know what a self-help or peer support group is
- Who helped you with taking this survey ( e.g. collected it from you, helped you with questions or reading etc.) ?  
 A consumer peer     Peer specialist/advocate     Other Staff member     No one
- How long have you received mental health services from this program ?  
 Less than one year     One year or more
- How often do you receive services from this program ?  
 2-5 days per week     1 time per week     1-2 times per month     Less than 1 time per month



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## Appendix 2

**CACS 2012: Does role of the CACS survey administrator make a difference?**

**CACS 2012: Does role of the CACS survey administrator make a difference?**

**Background**

Questions have been raised regarding whether a systematic bias is introduced into Consumer of Care Survey (CACS) findings depending on the role of the individual administering the survey form.

Each year, to better understand how the CACS is administered a survey coordinator at each participating site completes a CACS Survey Administration Tracking (CACS-SAT) form. In 2012, two items (items 7 and 7a) were added to the CACS-SAT form that describe the degree of staff and/or peer involvement in administering the CACS. Analysis of CACS findings controlling for response on these items provides insight into the impact of staff and/or peer involvement in CACS administration.

Overall, survey coordinators from 140 sites completed the CACS-SAT form. Tables 1a and 1b show the distribution of site responses to items 7 and 7a. When asked to identify the “persons responsible for giving the survey to recipients at your site”, about half of responding survey coordinators (53%, n=71) reported that only program staff fulfilled this role. On the other hand, 20% (n=26) of sites reported that only peers (peer specialists, other peers or outside advocacy groups) gave recipients the survey. 28% (n=37) of sites reported that a mix of staff and peers gave recipients the survey. Six survey coordinators did not answer this question.

**Table 1a  
Distribution of Responses to Item 7:  
Persons responsible for giving the survey to recipients at your site.**

<b>Item 7. Persons responsible for giving the survey to recipients at your site. (Check all that apply) a. Program Staff (Non Peer) b. Peer Specialist c. Other Peer d. Outside Advocacy Organization e. Other (specify)</b>	<b>N</b>	<b>Pct. of Valid Response</b>
<b>Program Staff Only (option a only)</b>	<b>71</b>	<b>53%</b>
<b>Both Program Staff and Peers (options a, b, c, and /or d)</b>	<b>37</b>	<b>28%</b>
<b>Peer Responses only (options b, c and/or d)</b>	<b>26</b>	<b>20%</b>
<b>Total Valid Responses</b>	<b>134</b>	
<b>No Response</b>	<b>6</b>	
<b>Total</b>	<b>140</b>	

Table 1b shows the distribution of response to item 7b, a measure of the extent to which peers gave the CACS to participating recipients. A similar pattern as seen in Table 1a is seen here. Half the sites (50%, N=64), report no involvement by peers in giving the survey to recipients. 17% (N=22) report about 100% peer participation in the distribution of the survey. Eleven sites did not respond to this item.

**Table 1b**

**Distribution of Responses to Item 7a:**

Indicate the extent to which recipients were given the survey by peers at your site.

Item 7a. Indicate the extent to which recipients were given the survey by peers at your site:	N	Pct. of Valid Response
Not at all	64	50%
About 25% of the time	14	11%
About 50% of the time	11	9%
About 75% of the time	18	14%
About 100% of the time	22	17%
<i>Total Valid Responses</i>	<b>129</b>	
No Response	11	
<i>Total</i>	<b>140</b>	

Table 2 displays a cross-tabulation of response to items 7 and 7a. Overall, 111 survey coordinators responded consistently to both questions. 57% (n=63) of respondents, representing sites from which 1692 recipient responded, reported full staff involvement in administering the CACS. 15% (n=17 sites, 747 respondents) consistently responded that only peers were involved and 29% (n=32, 1246 respondents) reported a mix of staff and peer involvement.

**Table 2**  
**Distribution of Responses to Questions 7 and 7a:**

		Item 7			
		Program Staff	Both	Peer Only	Total
Item 7a	Staff Only	63	1	1	65
	Both	5	32	6	43
	Only Peer	2	3	17	22
	Total	70	36	24	130
<b>Missing = 10</b>					

**Results**

A comparison of CACS domain level findings by staff/peer participation using the 111 consistent responses shows that there is some relationship between who administers the survey and the magnitude of positive response on some domains. Table 3 shows results of this comparison. For the Outcomes and Quality of Life domains, using a critical significance level of .01, responses to items 7 and 7a show significant differences. For both domains the percent positive response was significantly higher for respondents who completed the CACS at programs where either *only staff* or *a mix of staff and peers* was responsible for distributing surveys. For the Outcomes domain, 73% of respondents from programs where peers administered the CACS responded positively compared to 78% and 80% of respondents from

staff only or staff/peer mixed administration sites, respectively. For the Quality of Life domain the percent positive response from peer-only CACS sites was 61% compared to 70% and 71% of respondents in staff only and staff/peer mixed sites.

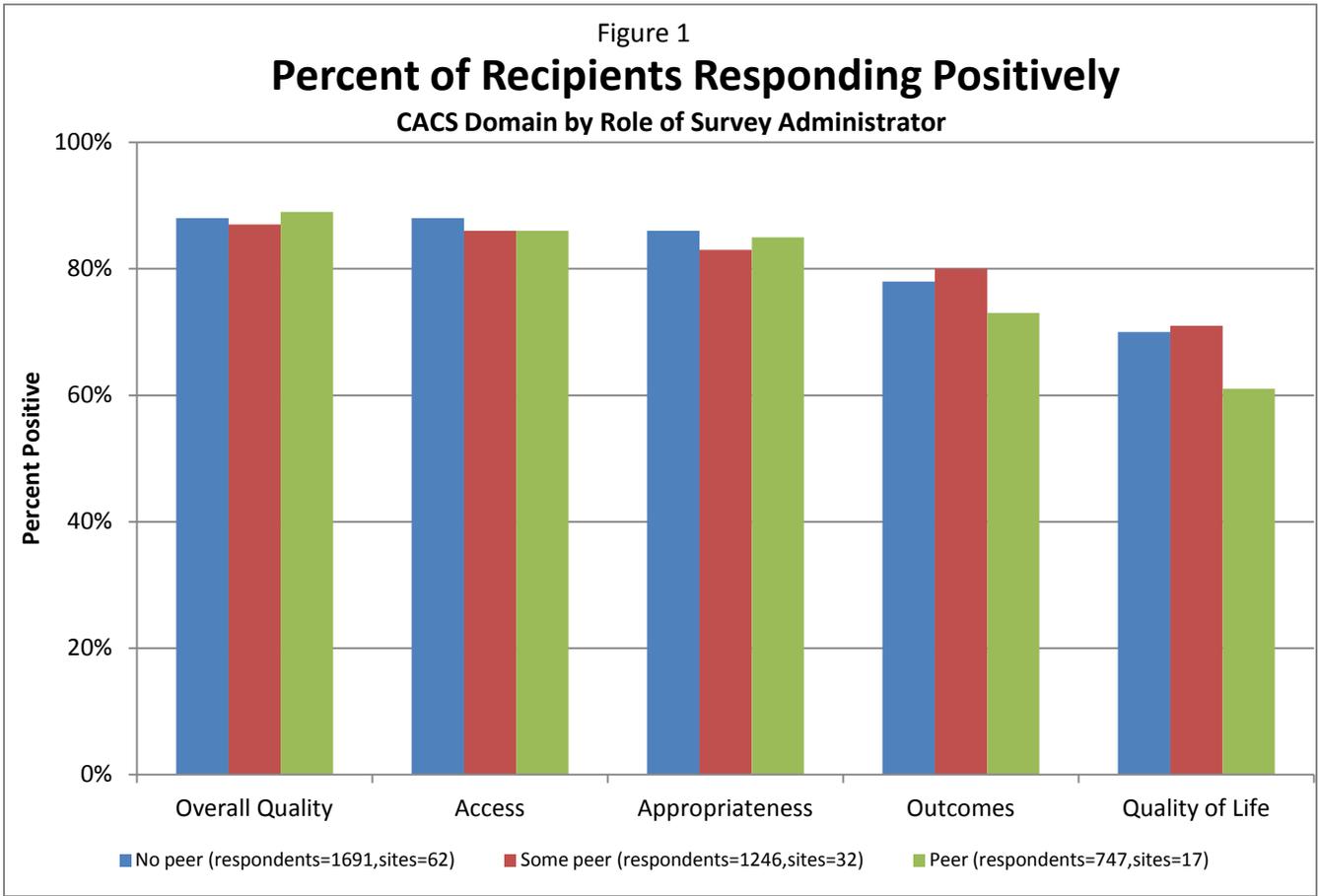
Table 3  
Percent of Consumers Responding Positive in each CACS Domain  
by Role of Survey Administrator

Survey Administrator Role (respondents, sites)	Overall Quality	Access	Appropriateness	Outcomes	Quality of Life
	( $\chi^2=2.3$ , $p=.32$ )	( $\chi^2=2.06$ , $p=.36$ )	( $\chi^2=5.84$ , $p=.05$ )	( $\chi^2=12.61$ , $p=.002$ )	( $\chi^2=21.55$ , $p<.001$ )
No peer (1691,62)	88%	88%	86%	78%	70%
Some peer (1246,32)	87%	86%	83%	80%	71%
Peer (747,17)	89%	86%	85%	73%	61%

### **Summary and Discussion**

New items were added to the CACS-SAT form to address concerns about potential systematic bias associated with staff involvement in CACS administration. Analysis of these items showed that percent positive response for the Overall Quality, Access and Appropriateness CACS domains consistently ranked higher in comparison to the percent positive response to Outcomes and Quality of Life domains regardless of staff and/or peer involvement. However, for Outcomes and Quality of Life domains, the level of percent positive response is significantly lower at programs where only peers are involved in the administering the CACS. These observed differences are not large and are difficult to interpret meaningfully. Figure 1 shows the response pattern by survey administrator role. Given this observed pattern, when examining comparisons between statewide and facility findings for the Outcomes and Quality of Life domains, users of CACS data may wish to consider the degree to which peers were involved in the process. Table 4 shows the distribution of peer and staff involvement by OMH facility.

This analysis has implications for understanding any systematic effect of survey administrator role on CACS findings. Although peer administration of CACS remains preferable, the observation that regardless of who administers the CACS, the magnitude of percent positive response is lowest for the Outcomes and Quality of Life domains reinforces the utility of findings derived from CACS data. When considering a particular facility's results, identifying lowest rated CACS items and domains is an advisable approach for detecting areas in need of quality improvement no matter who administered the CACS. Overall, when used thoughtfully, information from CACS remains a helpful source of feedback to programs for quality improvement.



**Table 4  
Staff and Peer Involvement in CACS Administration by NYS OMH Facility**

Facility Name	Staff Only			Peer/Staff			100% peer			Total	
	Sites	Respondents		Sites	Respondents		Sites	Respondents		Sites	Respondents
		Number	Pct		Number	Pct		Number	Pct		Number
Bronx Psychiatric Center	2	73	100%	0	0	0%	0	0	0%	2	73
Buffalo Psychiatric Center	5	75	35%	3	64	30%	3	75	35%	11	214
Capital District Psychiatric Center	1	98	100%	0	0	0%	0	0	0%	1	98
Creedmoor Psychiatric Center	10	253	53%	2	223	47%	0	0	0%	12	476
Elmira Psychiatric Center	12	88	58%	4	65	42%	0	0	0%	16	153
Greater Binghamton Health Center	1	20	23%	3	66	77%	0	0	0%	4	86
Hudson River Psychiatric Center	4	111	72%	1	31	20%	1	13	8%	6	155
Hutchings Psychiatric Center	0	0	0%	0	0	0%	5	222	100%	5	222
Kingsboro Psychiatric Center	1	81	46%	0	0	0%	2	97	54%	3	178
Manhattan Psychiatric Center	3	154	75%	1	50	25%	0	0	0%	4	204
Mohawk Valley Psychiatric Center	3	88	64%	3	49	36%	0	0	0%	6	137
New York Psychiatric Institute	0	0	0%	3	111	100%	0	0	0%	3	111
Pilgrim Psychiatric Center	2	39	8%	5	416	88%	1	20	4%	8	475
Rochester Psychiatric Center	1	15	58%	1	11	42%	0	0	0%	2	26
Rockland Psychiatric Center	11	315	74%	4	108	26%	0	0	0%	15	423
South Beach Psychiatric Center	7	303	69%	2	91	21%	1	44	10%	10	438
St. Lawrence Psychiatric Center	0	0	0%	0	0	0%	4	318	100%	4	318
<b>Total (facilities, respondents)</b>	<b>63</b>	<b>1713</b>	<b>45%</b>	<b>32</b>	<b>1285</b>	<b>34%</b>	<b>17</b>	<b>789</b>	<b>21%</b>	<b>112</b>	<b>3787</b>

